

DIRECTIONS TO PERSONNEL CLERKS OF THE UNIFORMED SERVICES

1. Complete all appropriate items on this form. All entries, except the signature and those requested to be in the servicemember's own handwriting, must be typed or printed in ink.
2. Make sure the name(s) of one or more principal and contingent beneficiaries appear in Part 2, if desired. Include the address and Social Security number, if available, for the beneficiaries and the relationship of the beneficiaries to the servicemember (e.g., father, sister).
3. If a servicemember is designating a beneficiary other than would be normal under his or her family circumstances, see "**Unusual Beneficiary Designations**" in the *Servicemen's Group Life Insurance Handbook*, Handbook 29-75-1.
4. An authorized agent of the Uniformed Service must witness the signature of the servicemember. This representative must sign his or her name below that of the servicemember and should put the date he or she received the form.
5. This form, properly executed, is authority to a payroll office to change the deductions for insurance premiums or to not make such deductions, if the amount of insurance is changed or cancelled.
6. Inform all servicemembers that if they have questions about this form that they may obtain the advice of a military attorney at no expense to the servicemember.
7. Disposition of copies:

Copy 1 - Must be promptly filed in the official personnel file of the member.

Copy 2 - To member. Certificate of coverage.

Copy 3 - **FOR USE BY THE ACTIVE OR RESERVE COMPONENT OF THE UNIFORMED SERVICES. DO NOT SEND TO THE OFFICE OF SERVICEMEMBERS' GROUP LIFE INSURANCE OR TO THE DEPARTMENT OF VETERANS AFFAIRS.**